Complete Summary

TITLE

Cervical cancer detection - screening Pap tests: percent of enrollees who had at least one Pap test in the measure look-back period (MEDDIC-MS SSI).

SOURCE(S)

Department of Health and Family Services, Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS SSI. Medicaid encounter data driven improvement core measure set for SSI managed care. Madison (WI): State of Wisconsin; 2002 Dec 1. 30 p.

Brief Abstract

DESCRIPTION

This measure tracks the rate of provision of cervical/uterine cancer and human papilloma virus (HPV) detection services to women in Supplemental Security Income (SSI) managed care by age cohort.

RATIONALE

The United States Preventive Services Task Force (USPSTF) found good evidence from multiple observational studies that screening with cervical cytology (Papanicolaou [Pap] smears) reduces the incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (which ever comes first) and screening at least every three years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

PRIMARY CLINICAL COMPONENT

Cervical/uterine cancer; human papilloma virus (HPV); Papanicolaou (Pap) smear

DENOMINATOR DESCRIPTION

The number of women age 18 to 65 years continuously enrolled for at least 304 days immediately prior to the measure end date with no more than one gap in enrollment of not more than 45 days. The enrollee must have a total of not less than 259 enrolled days in the look-back period (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary).

NUMERATOR DESCRIPTION

The number of unduplicated enrollees from the denominator for each age cohort who had at least one Papanicolaou (Pap) test in the measure look-back period, based on current and previous (if applicable) health maintenance organization (HMO) claims/encounter data and fee-for-service (FFS) Medicaid Evaluation & Decision Support (MEDS) data

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Process

SECONDARY MEASURE DOMAIN

Access

EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Screening for cervical cancer: recommendations and rationale.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Decision-making by consumers about health plan/provider choice
External oversight/Medicaid
External oversight/State government program
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age 18 to 65 years

TARGET POPULATION GENDER

Female (only)

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Both users and nonusers of care

DESCRIPTION OF CASE FINDING

Women age 18 to 65 years continuously enrolled for at least 304 days immediately prior to the measure end date* with no more than one gap in enrollment of not more than 45 days. The enrollee must have a total of not less than 259 enrolled days in the look-back period.**

*Measure end date: The last date by which measured services can be rendered to be included in the measure numerator. This is the date from which the look-back period begins.

**Measure look-back period: 12 months (365 days) from the measure end date.

Measure data extraction date: The date(s) determined by the department for extraction of data from the data warehouse for the purposes of reporting the measure. This will be at least 182 days after the measure end date.

DENOMINATOR SAMPLING FRAME

Enrollees or beneficiaries

DENOMINATOR (INDEX) EVENT

Patient Characteristic

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
The number of women age 18 to 65 years continuously enrolled for at least 304 days immediately prior to the measure end date with no more than one gap in enrollment of not more than 45 days. The enrollee must have a total of not less than 259 enrolled days in the look-back period.

Exclusions
Exclude from the denominator enrollees with a Papanicolaou (Pap) test encounter

as defined in the clinical criteria* in the 24 months prior to the look-back period, if enrolled throughout the 36 months prior to the measure end date or if the service is identified in fee-for-service (FFS) claims data, previous health maintenance organization (HMO) encounter data, or other data source. Services provided by non-network provider(s) are counted in the numerator if reported in encounter data. Exclude from the denominator enrollees with a history of total abdominal, vaginal, or radical hysterectomy.**

*Refer to the original measure documentation for International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), Current Procedure Terminology (CPT-4/2001), and Revenue codes.

**Refer to the original measure documentation for ICD-9-CM and CPT-2001 codes.

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
The number of unduplicated enrollees from the denominator for each age cohort who had at least one Papanicolaou (Pap) test in the measure look-back period,* based on current and previous (if applicable) health maintenance organization (HMO) claims/encounter data and fee-for-service (FFS) Medicaid Evaluation & Decision Support (MEDS) data

Refer to the original measure documentation for International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), Current Procedure Terminology (CPT-4/2001), and Revenue codes.

*Since the measure look-back period is 365 days from the measure end date and women with an encounter for a Pap test in the 24 months prior to the look-back period are excluded from the denominator, the measure assesses the percentage of enrolled women who received a Pap test in a three-year period.

Exclusions
Unspecified

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

This measure was tested and validated by an independent third party and subject to internal review in 2002 for Medicaid Encounter Data Driven Improvement Core Measure Set (MEDDIC-MS). Modifications made to base measure for Supplemental Security Income (SSI) do not affect measure accuracy or validity.

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Innovative Resources Group (IRG). Measure testing/validation reports for MEDDIC-MS. Brookfield (WI): Innovative Resources Group (IRG); 2002.

Identifying Information

ORIGINAL TITLE

Cervical cancer detection -- Pap tests. Pap tests provided to women in each age cohort.

MEASURE COLLECTION

MEDDIC-MS (Medicaid Encounter Data Driven Improvement Core Measure Set). Rapid-cycle performance improvement measures system for Medicaid managed care.

MEASURE SET NAME

MEDDIC-MS SSI (Medicaid Encounter Data Driven Improvement Core Measure Set for Supplemental Security Income). Measures applicable to SSI managed care population.

MEASURE SUBSET NAME

Monitoring Measures -- SSI

DEVELOPER

State of Wisconsin, Department of Health and Family Services

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2002 Dec

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Department of Health and Family Services, Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS SSI. Medicaid encounter data driven improvement core measure set for SSI managed care. Madison (WI): State of Wisconsin; 2002 Dec 1. 30 p.

MEASURE AVAILABILITY

The individual measure, "Cervical cancer detection -- Pap tests. Pap tests provided to women in each age cohort," is published in "Medicaid Encounter Data Driven Improvement Core Measure Set for SSI Managed Care (MEDDIC-MS SSI)."

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NQMC STATUS

This NQMC summary was completed by ECRI on May 17, 2004. The information was verified by the measure developer on May 27, 2004.

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